

DEPARTMENT OF MENTAL HEALTH/MENTAL RETARDATION SERVICES
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

PERMITTED WITHOUT RESTRICTION	PERMITTED <u>ONLY</u> WITH AUTHORIZATION	PERMITTED UNLESS OBJECT
Valid Authorization from Individual or legal guardian/personal representative, parent	Valid Authorization from individual or legal guardian, personal representative, parent	To family members, or other relatives or friends involved in the individual's care. Must have authorization or we must notify the person and he does not object to the disclosure. If unable to agree/object, may disclose what is in person's best interest to family, etc.
To the individual, except psychotherapy notes, civil, criminal or administrative actions; certain clinical lab information	Any information containing the 19 identifiers.	
To carry out Treatment; payment; health care operations, including-- Individual is an inmate, an indirect treatment relationship exists; required to treat by law; substantial communication barriers/inferred circumstances***	SA--must have authorization for TPO	
Emergency treatment		
For Health Care operations--quality improvement activities, using satisfaction surveys, auditing, utilization review, etc.		Facilities--members of clergy or to person who asks for person by name
With business associates for activities related to TPO.***	SA--must have authorization	
Public Health Activities--conduct public health surveillance; public health investigations, FDA, OSHA, CDC ***	SA--Must have authorization	
Health Oversight Activities--healthcare system; government benefit programs where health information is relevant to eligibility, audits, inspections, accreditation agencies		
Covered entities that are government programs providing public benefits IF the sharing of eligibility or enrollment information is required or expressly authorized by statute or regulation; or IF the programs serve the same populations and the disclosure is necessary to coordinate the covered functions of such programs to improve their administration and management relating to covered functions of such programs. E.g. Limited PHI to another facility of the department or CMHC if there is an agreement for the individual's care or services.		
Judicial and administrative proceedings***	SA--must have authorization	
Law enforcement purposes in response to valid subpoena, court order, discovery request, etc. ***	SA--must have authorization	
Victims of abuse, neglect exploitation or domestic violence.***	SA--must have authorization	
Decedents (medical examiners/funeral homes, coroners)		
Organ donations		
Medical research--special provisions apply		
Avert serious threat to health or safety		
Specialized government functions -- National security, FBI, Secret Service, military		
Worker's Compensation		
Correctional institutions-to Corrections***	SA--must have authorization	
Research --if research approved by CHS Institutional Review Board		
Secretary of Health & Human Services		

***Must adhere to the "minimum necessary" protocol.

***Must be shared only to those authorized to receive that information

***Different requirements for Substance Abuse.

RE-DISCLOSURE OF PHI IS PROHIBITED e.g. PHI not created by the Department

All Disclosure requests are the responsibility of the Division Privacy Liaison.

01/14/03

Filename: USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION Chart 12-02 DRAFT.doc
Directory: D:\Documents and Settings\bomayo\Desktop
Template: D:\Documents and Settings\bomayo\Application
Data\Microsoft\Templates\Normal.dot
Title: USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION
Subject:
Author: dschroeder
Keywords:
Comments:
Creation Date: 1/2/2003 8:46 AM
Change Number: 2
Last Saved On: 1/2/2003 8:46 AM
Last Saved By: dschroeder
Total Editing Time: 1 Minute
Last Printed On: 1/14/2003 10:54 AM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 491 (approx.)
Number of Characters: 2,802 (approx.)